

date received \_\_\_\_\_

**BOARD OF CERTIFICATION OF PUBLIC  
WATER SYSTEM OPERATORS  
STATE OF HAWAII**

☐ 4/29/03  
☐ 10/28/03

**Distribution System Operator Examination Registration Form**  
*(please mail entire form)*

**DUE DATE:** Certification application and fee, exam registration and fee must be received three months before the exam date.

**EXAM FEE:** \$30, make Cashier's Check or Money Order payable to STATE OF HAWAII. No personal checks accepted.

**Mail registration and check to:**

Board of Certification of Public  
Water System Operators  
Hawaii Dept. of Health, EMD  
Safe Drinking Water Branch  
919 Ala Moana Blvd., Room 308  
Honolulu, Hawaii 96814-4920

phone: (808) 586-4258  
FAX: (808) 586-4351

☐ *new address?*

\_\_\_\_\_  
Name (Last) (First) (Middle Initial)

\_\_\_\_\_  
Street, Box, or Route

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
Business Phone No. Fax No. Social Security No.

\_\_\_\_\_  
PWS ID. Water System

**Exam fee of \$30 is attached for:** **Exam Grade Level** \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date